

9. Have you been physically limited as a result of your disease or treatment?..... Not at all A little Quite a bit Very much
10. Were you concerned about disruption of family life?..... Not at all A little Quite a bit Very much
11. Were you concerned about your ability to have children? Not at all A little Quite a bit Very much
12. Can you talk about your disease with your partner or the person who is closest to you?..... Not at all A little Quite a bit Very much
13. Have you felt less masculine as a result of your disease or treatment? Not at all A little Quite a bit Very much
14. Can you talk about sexuality with your partner or the person who is closest to you?..... Not at all A little Quite a bit Very much
15. Do you have a testicular implant? Yes No →Skip to next form
16. Are you satisfied with your testicular implant?..... Not at all A little Quite a bit Very much